



City of Hermosa Beach
 1315 Valley Drive, Hermosa Beach, CA 90254
 310.318-0203 - Fax 310.372-6186
 Email: lcastillo@hermosabch.org



Received By: CC
 Referred To: PD
 Date Referred: 7-24-17

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print): <u>Sarah C. Hutt</u>		Email: <u>shutt@heartlandinfo.com</u>
Address:		Phone: <u>651-523-6827</u>
City:		Fax:

Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) **Submit all requests to the City Clerk's Office.**

See attached

Photocopies are \$0.20 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. *Accepted method of payment:* Cash or check. Credit card accepted in person only.

Signature

Date

For Departmental Use Only:

Action Requested:

☐ Review Only
☐ Copies Requested

Action Taken:

☐ Document Reviewed
☐ Copies Provided
☐ Refusal/Reason

By _____ Date _____
☐ Non-Existent Document
☐ Other (Please Explain)

For City Clerk's Use Only:

Date Requestor Notified _____ Notified By: _____ Date Picked Up or Mailed _____

Lizanne Castillo

From: Sarah C. Hutts <shutts@heartlandinfo.com>
Sent: Monday, July 24, 2017 12:51 PM
To: Lizanne Castillo
Subject: Records Request
Attachments: Beasley_Authorization.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hello.

I am writing to request any publicly available documents the department has on file for Kevin Whaley Beasley (DOB: 04/23/1966). This would include incident reports, arrest records, 911 calls, etc. Basically, I am looking for information regarding any contact this individual had with your department.

Thank you for your assistance with this matter. Do not hesitate to contact me with any questions or if you need further information. Note the signed authorization you require is attached.

Thank you.

Sarah Hutts
Investigator
Heartland Investigative Group
Main (651) 523-6827
Fax (612) 371-9262
www.heartlandinfo.com

This message and any attachments contain confidential and potentially legally privileged information intended only for the named addressees' use. If you are an addressee, you may only use the information contained in this message or any attachments in a business-like manner and you are strictly prohibited from disseminating, forwarding, distributing, copying or in any other manner sharing its contents, except for the sole purpose of carrying out its business intent and purpose. If you are NOT an addressee or if you are an unintended addressee, please notify the sender immediately and then delete this message in its entirety since you are strictly prohibited from reading, disseminating, distributing, copying, sharing or using it and/or its contents for any purpose whatsoever. Thank you.

Authorization Form

Current Subject Name

Last Name

First Name

Middle Name

Beasley

Kevin

Whaley

Former Names / Maiden Name / Married Names / Alias(es)

Last Name

First Name

Middle Name

Dates Used

Social Security Number (if applicable)**Driver License # / State or Country****Date of Birth** (mm/dd/yyyy)

456-31-7701

11868914 Texas

04/23/1966

For Non-US Residents Only

Passport Number / Country of Issuance

National ID Number / Country of Issuance (if applicable)

Current Address

8873 Cardwell Dr, Houston Texas 77055

2011 - Current

Prior Addresses (In the last 20 years) (City/State or City/Country and Approximate Date Ranges will Suffice)

Address

Date Range

2803 Senova Ct, Pearland Texas

1998-2011

AUTHORIZATION TO RELEASE INFORMATION

I understand that I am a party to a potential business transaction. I understand that the counterparty(ies) in this potential business transaction will utilize an agent, Heartland Investigative Group "Heartland".

I understand that Heartland will conduct reasonable and necessary research to confirm that the above information is true and correct.

I understand that Heartland may conduct public record research and perform verifications of my identity, educational history, employment history, corporate affiliations, occupational licenses, certifications, credentials, professional association memberships, etc.

I understand that Heartland will deliver the above referenced information to the counterparty(ies).

I hereby authorize any governmental agency, quasi-governmental agency, regulatory body, sanctioning body, educational institution, licensing body, credentialing body, employer, professional association, organization, or society to release any and all information requested by Heartland for the purposes of conducting the research and verifications noted above.

X *Kevin w Beasley*
Signature

7/21/2017

Date